

EXHIBIT 1: WORKFORCE FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006-07, 2007-08, 2008-09

County: Placer

Date: August 25, 2008

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services to the degree they comprise this County's Public Mental Health System workforce. This Workforce Education and Training component is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and this County's current MHSA Community Services and Supports component. Actions to be funded in this Workforce Education and Training component supplement state administered workforce programs. The combined Actions of California's Five-Year Plan and this County's Workforce Education and Training component together address this County's workforce needs as indicated in Exhibits 3 through 6.

Funds do not supplant existing workforce development and/or education and training activities. Funds will be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Act.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.

Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training component will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this county's workforce needs will be provided as part of the development of each subsequent Workforce Education and Training component.

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EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, use of regional partnerships.

Placer County Health and Human Services System's of Care completed it's planning process for the MHSA Workforce Education and Training building on stakeholder input obtained during initial community planning for CSS funds. In an effort to coordinate and leverage key mental health initiatives and ultimately improve mental health care in Placer County for all people, the Campaign for Community Wellness was created in the fall of 2006. Led by a steering committee of over 50 community members, advocates, providers, consumers and family members, the Campaign for Community Wellness is working to coordinate and implement the Mental Health Services Act (MHSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) programs in Placer County. Presentations and input for MHSA Workforce Education and Training began in fall of 2007. The campaign guided the stakeholder process to do further outreach and extend to other community stakeholders.

Initially, a demographic survey to complete Exhibit 3 was developed and distributed to all private and public mental health employees. Placer had a nearly 100% response rate to this survey from county mental health staff and our CBO mental health providers (Sierra Family Services, Telecare, and our "solo practice" Network of Care provider's).

Next, 4 questions were developed to gain input from stakeholders on Workforce Development needs and potential strategies. Input was gathered at the Campaign for Community Wellness stakeholder group, the Cultural Competency committee, the consumer focus group, the parent partner/advocacy group, the Latino Leadership Council, our Placer County Network, and students who are doing their internships in Placer County agencies (see table 1.1).

(Table 1.1) Groups who participated in a Focus Group to give input to WET planning:

Organization	Date of Meeting	# of People Attending	Demographics of Group
Campaign for Community Wellness	2/29/08	28	11-Consumer/Family Members; 3- Latino; 1-Native American; 30-Community Partners (education, health, law enforcement, mental health, etc.) *see roster as appendix
Cultural Competency Committee	3/3/08	7	3-Consumer/ Family Members 2- Latino; 1-Native American; 4 Caucasian
The Placer Family and Youth Network	3/08	12	12-Consumer/Family Members; 1- Youth; 1- Latino; 11- Caucasian
Consumer Council	4/08	16	16-Consumers/Family Members; 2- Latino; 1-Native American; 11-Caucasian; 2-African American
Latino Leadership	4/08	20	2-Consumer/Family Members; 18-Latino; 2-Caucasian
Navigators	4/08	11	11-Consumers/Family Members; 10-Caucasian; 1-African American

Native Network	5/08	25	18-Native American
Youth Diversion Group	5/08	6	6-Consumer/Family Member; 6-Youth; 1-Latino; 5-Caucasian

To reach an even larger audience and give more people the opportunity to provide input, a survey was created to distribute via e-mail. The survey included the same focus group questions. It was e-mailed to Mental Health employees, the Placer County Network (e-mail distribution list of 308 community partners), Alcohol and Drug Provider's, and Educational Institutions within Placer County. Because the survey was done anonymously, it is difficult to determine the demographics of those who took the time to respond. However, we do know that 99 people completed the survey, a little less than half of the responders were Mental Health employees and the others were community partners. They had the opportunity to choose from a list of options as well as write in ideas for improving Placer's Mental Health workforce.

Additional methods used to engage stakeholders included: visiting existing stakeholder group meetings, distributing hard copy survey's to our Mental Health Drug and Alcohol Board and students, advertising for and holding workforce development workgroup meetings (see table 1.2), local partnership meetings held at Sacramento State University, and finally, telephone and in person interviews with content matter experts.

(Table 1.2) Workforce Development Workgroup

Members	Constituency
Diane Shively	United Advocates for Children and Families
Cindy Brundage	Children System of Care Cultural Competency Manager
Cheryl Trenwith	Adult System of Care Workforce Development Manager
Cyndy Bigbee	Adult System of Care Consumer Development Supervisor
Jennifer Cook	Children System of Care Training Coordinator
Melissa Bray	Best Step Tech/ Consumer
Gordon Armstrong	Consumer
Anno Nakai	Native Network
Sue Taylor	California State University- Sacramento- MHSA coordinator
Sam Stoldolski	Youth/ Consumer
Laura Sullivan	Warmline/Consumer
Susan Stone	Roseville Joint Union High School
Kirsten Brutzman-Livak	United Advocates for Children and Families/SAMHSA
Karon Cave	PIRS
Jon Harned (by interview)	Placer County Personnel
Jon Kirshner (by interview)	Sierra Family Services
David Luke (by interview)	Department of Rehab

Overall, over 240 people gave input into the planning process, of which 61 (or 26.9%) were consumers/family members. The input received from our variety of community outreach methods has led us to develop a Plan that we believe is responsive to Workforce Education and Training Plan Requirements.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Caucasian	Hispanic/ Latino	African-American/ Black	Asian/ Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Unlicensed Mental Health Direct Service Staff:				<div>(Unlicensed Mental Health Direct Service Staff; Sub-Totals Only)</div> <div>↓</div>						
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	27	0	1							
Case Manager/Service Coordinator	50	0	1							
Employment Services Staff	2	0	2							
Housing Services Staff	3	0	1							
Consumer Support Staff	5	0	2							
Family Member Support Staff	13	0	2							
Benefits/Eligibility Specialist	3	0	1							
Other <i>Unlicensed</i> MH Direct Service Staff	66	0	0							
<i>Sub-total, A (County)</i>	169	0	10	129.9	12	2	2	1	7.8	154.7
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	17	0	0							
Case Manager/Service Coordinator	0	0	0							
Employment Services Staff	0	0	0							
Housing Services Staff	0	0	0							
Consumer Support Staff	0	0	0							
Family Member Support Staff	0	0	0							
Benefits/Eligibility Specialist	0	0	0							

Other <i>Unlicensed</i> MH Direct Service Staff	5	0	0	(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only)						
				↓						
<i>Sub-total, A (All Other)</i>	22	0	0	12.2	2	5	1.4	0	1	21.6
Total, A (County & All Other):	191	0	10	142.1	14	7	3.4	1	8.8	176.3

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
B. Licensed Mental Health Staff (direct service):				<div>(Licensed Mental Health Direct Service Staff; Sub-Totals Only)</div> <div>↓</div>						
County (employees, independent contractors, volunteers):										
Psychiatrist, general.....	3.5	1	3							
Psychiatrist, child/adolescent	2	1	3							
Psychiatrist, geriatric.....	0	1	1							
Psychiatric or Family Nurse Practitioner	2	1	2							
Clinical Nurse Specialist5	1	3							
Licensed Psychiatric Technician	3	1	2							
Licensed Clinical Psychologist5	0	0							
Psychologist, registered intern (or waived)	1	0	0							
Licensed Clinical Social Worker (LCSW)	26	1	6							
MSW, registered intern (or waived)	25	0	3							
Marriage and Family Therapist (MFT).....	26	0	5							
MFT registered intern (or waived).....	25	0	3							
Other <i>Licensed</i> MH Staff (direct service)	0	0	0							
<i>Sub-total, B (County)</i>	114.5	7	31	78.9	3	1.5	2	1	3	89.4
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general.....	.5	0	1							
Psychiatrist, child/adolescent	0	0	0							
Psychiatrist, geriatric.....	0	0	0							
Psychiatric or Family Nurse Practitioner	0	0	0							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician	4	0	0							
Licensed Clinical Psychologist	3	0	0							
Psychologist, registered intern (or waived)	1	0	0							

Licensed Clinical Social Worker (LCSW)	19	1	2	(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only)						
MSW, registered intern (or waived)	3	1	1							
Marriage and Family Therapist (MFT).....	34	1	2							
MFT registered intern (or waived).....	6.5	0	1							
Other <i>Licensed</i> MH Staff (direct service)	0	0	0							
<i>Sub-total, B (All Other)</i>	71	3	7	60.1	4.5	1	2	0	3	70.6
Total, B (County & All Other):	185.5	10	38	139	7.5	2.5	4	1	6	160

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes' 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	His- panic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
C. Other Health Care Staff (direct service):				<div>(Other Health Care Staff, Direct Service; Sub-Totals Only)</div> <div>↓</div>						
County (employees, independent contractors, volunteers):										
Physician	0	0	0							
Registered Nurse	9	1	5							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance).....	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers).....	6	0	0							
<i>Sub-total, C (County)</i>	15	1	5	11.8	0	0	0	.5	0	12.3
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	0	0	0							
Registered Nurse	9	0	2							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							

Other Therapist (e.g., physical, recreation, art, dance).....	1	0	0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)						
Other Health Care Staff (direct service, to include traditional cultural healers).....	0	0	0							
<i>Sub-total, C (All Other)</i>	10	0	2	8	0	0	0	1	0	9
Total, C (County & All Other):	25	1	7	19.8	0	0	0	1.5	0	21.3

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
D. Managerial and Supervisory:				(Managerial and Supervisory; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor.....	11	1	3							
Supervising psychiatrist (or other physician)	1	1	0							
Licensed supervising clinician.....	12	1	4							
Other managers and supervisors.....	27	0	0							
Sub-total, D (County)	51	3	7	44	2	0	2	0	3	51
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
CEO or manager above direct supervisor.....	3	1	1							
Supervising psychiatrist (or other physician)	0	0	0							
Licensed supervising clinician.....	2	1	1							
Other managers and supervisors.....	3	0	0							
Sub-total, D (All Other)	8	2	2							
Total, D (County & All Other):	59	5	9	52	2	0	2	0	3	59
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance.....	8	0	3							
Education, training, research	0	0	1							
Clerical, secretary, administrative assistants	64	0	6							
Other support staff (non-direct services).....	19	0	2							

<i>Sub-total, E (County)</i>	91	0	12	74.1	4	0	1	1	3	83.1
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				<div>(Support Staff; Sub-Totals and Total Only)</div> <div>↓</div>						
Analysts, tech support, quality assurance.....	0	1	2							
Education, training, research	0	0	0							
Clerical, secretary, administrative assistants	6	1	2							
Other support staff (non-direct services).....	2	0	0							
<i>Sub-total, E (All Other)</i>	8	2	4	7.5	0	0	0	0	0	7.5
Total, E (County & All Other):	99	2	16	81.6	4	0	1	1	3	90.6

I. By Occupational Category -
GRAND TOTAL WORKFORCE
(A+B+C+D+E)

Major Group and Positions	Esti- mated # FTE author- ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/ Cau- casian	Hispanic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
County (employees, independent contractors, volunteers) (A+B+C+D+E)	440.5	11	65	338.7	21	3.5	7	3.5	16.8	390.5
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	119	7	15	95.8	6.5	6	3.4	1	4	116.7
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	559.5	18	80	434.5	27.5	9.5	10.4	4.5	20.8	507.2

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau- casian	Hispanic/ Latino	African- Ameri- can/ Black	Asian/ Pacific Islander	Native Ameri- can	Multi Race or Other	All individuals (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			4652	682	146	106	103	524	6213

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed</i> Mental Health Direct Service Staff:			
Consumer Support Staff.....	5	0	4
Family Member Support Staff	13	1	2
Other <i>Unlicensed</i> MH Direct Service Staff	0	0	0
Sub-Total, A:	18	1	6
B. <i>Licensed</i> Mental Health Staff (direct service).....	0	1	4
C. Other Health Care Staff (direct service)	0	1	4
D. Managerial and Supervisory.....	1	0	1
E. Support Staff (non-direct services).....	2	0	0
GRAND TOTAL (A+B+C+D+E)	21	3	15

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. Spanish (only threshold language)	Direct Service Staff <u>23</u> Others <u>6</u>	Direct Service Staff <u>8</u> Others <u>0</u>	Direct Service Staff <u>31</u> Others <u>6</u>
2. Russian	Direct Service Staff <u>1</u> Others <u>0</u>	Direct Service Staff <u>3</u> Others <u>0</u>	Direct Service Staff <u>4</u> Others <u>0</u>
3. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT (continued)

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

Information below includes responses from both the directly operated programs, personnel administrators, and the contract providers who completed the survey.

A. Shortages by occupational category:

1. Psychiatrists
2. Nursing Staff
3. Licensed Social Workers
4. Experience Supervisor and Management Staff

Given the competitive market, recruitment of psychiatrists (especially those trained in the Recovery Model) is very difficult. Retention of psychiatrists is also difficult. The geographic distance, and in some areas, rural nature of this county, limits access to care. While Placer has done an excellent job of redesigning its procedures to shorten the wait time to see a doctor, limited resources can, at times, force a wait time of 2-4 weeks.

Placer is experiencing a shortage of nursing staff. While it is difficult to recruit all nursing staff, recruitments for psychiatric nurses are frequently open for up to a year before being filled. Also, the difficulty in hiring teachers for nursing programs limits the number of students that graduate each year.

Placer does not have particular challenges recruiting mental health employees (except in rural areas of the county). Due to the large number of master's programs in the area, we have many applicants for our master's level positions in both the County and the local non-profit agencies. The area has less Social Work Schools than Marriage and Family Therapy programs, therefore, we have fewer Social Workers. Social Worker's headed toward licensure must be supervised by a Licensed Clinical Social Worker (LCSW), and this creates additional demands.

Experienced Supervisor's and Management staff in the Mental Health Field (particularly licensed staff) are very difficult to fill. In Lake Tahoe (the most eastern part of the county) there has been an open recruitment for a qualified Manager for over a year. The Manager needs to be qualified in Mental Health and all other social services because the area is far removed from other services and is required to operate independently.

Service providers in all areas of the county recognize the need for more bi-lingual mental health workers. While the need is high throughout the county, due to geographic and demographic distribution, there is particular need in Kings Beach and Lincoln. With regard to the Tahoe Kings Beach area, there are shortages in all mental health positions. The cost of living is high and transportation can be difficult. There is a large Latino population in the area, many who are monolingual Spanish speaking. The need for mental

health workers (particularly Spanish speaking) is great. There are also a significant number of monolingual Spanish speakers, with limited access to service in the Lincoln area (see section D below).

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

Placer's largest variance of workforce to target population is Latino/Hispanic (5.5% variance). On closer examination, the variance was not as significant when comparing only County Client's to Staff (3.3% variance), however, the variance is greater when evaluating community based organizations' staff and client case loads. The need to attract and retain bi-lingual/bi-cultural staff exists in both the public and private sectors.

Other areas of note include: 4.5% variance of Multi-Race/Other, 0.8% variance of Native American, and 0.6% variance of African American staff to client ratios. We have slightly more diversity among the population being served than in our workforce. Concurrently with the WET planning, Placer is in the process of gathering more data to create a cultural competency plan.

C. Positions designated for individuals with consumer and/or family member experience:

An interesting finding was discovered in the surveys completed by all the Mental Health Workforce in Placer County. When the entire workforce was asked whether they were a consumer/family member of public mental health services, 32% of the workforce indicated yes they were, and 17.6% of the workforce declined to answer this question. From this it can be surmised that there continues to exist considerable concern regarding stigma and bias in the workforce.

Placer has employed consumer and family member staff for several years. The county has increased the number of consumer designated positions significantly in the last 1 ½ years. The recent large increase of consumers in the workforce has helped transform the system. The community agencies interviewed do not have "designated" consumer/family member employees (although there are some employees who disclose this as part of their identity after hire).

County HHS Adult System of Care has 14 part-time consumer "Navigator" employees. Applications are received on-going and there is a large interest in this program. Navigator positions are considered entry-level, extra-help positions. Minimum requirements for the position are to currently be a consumer of public mental health services. Adult System of Care has 3 full-time consumer employees who qualified for the "Client Service Assistant" positions. These are fully benefited, competitively offered positions. The county typically receives several applications for this classification. While everyone who meets the minimum standards (HS diploma) can apply, these consumers were hired in 3 of the available spots. We have had 1 consumer employee who works on site at Adult System of Care but is hired through a contract with Best Step Tech.

Placer has 12 full time "family member" positions titled "Parent Partner's". One works in adult services and eleven work in the Children's System of Care; they are hired through a contract with United Advocates for Children and Families. One of these positions is a Manager for the County; the others are considered extra help, entry level positions.

Input from Consumers/Family members as well as experts in consumer employment see an additional need in this area: training and development of current and new consumer/family member employees, workforce training to help understand the benefits of consumer employment, decreased stigma in the workforce, and advancement opportunities. Family members expressed a need to improve staff understanding of the role of advocates. The outcome family advocates hope to see is the consumer/family member voice empowered and continued transformation of the workforce in the model of Recovery.

D. Language proficiency:

Placer County has 23.1 FTE staff who are able to offer services in Spanish. 11% (682) of our total mental health population is Latino/Hispanic. Of that 11% (682), approximately 17.41% (119) are monolingual. The Kings Beach area (East Placer County in the rural Tahoe area) and Lincoln (North/West Placer with no County buildings) have the largest concentration of monolingual Spanish speaking clients. The need for more Spanish speaking Mental Health employees (particularly in these areas) still exists.

While Placer has not met any other threshold language requirements yet, there is a large Ukrainian population in the Roseville (West Placer) area. Residents and county employees have recognized an unmet need for increased ability to serve this population. Outreach and employees who speak their native language are necessary to meet this need.

E. Other, miscellaneous:

Co-occurring competent staff was an identified need through the stakeholder process. We believe that the majority of clients served in Placer mental health organizations have co-occurring disorders. Community members and experts in co-occurring issues agree that more training and staff development around co-occurring capability is required to meet this consumer population's needs, as well as reduce the unique stigma and bias this population experiences.

After combining all qualitative data received by the stakeholder process and then allowing the WET workgroup to rank the needs/strategies proposed, these were the top ranked priorities:

Diversity

- 1- Consider culture to include ethnicity, but also culture beyond it (e.g. LGBT, deaf, consumer, religion, etc.)
- 2- Diversify workforce in order to pair clients with staff of same culture
- 3- Create career pathways (from high school through college)

Consumers/Family Members

- 1- Reduce/eliminate stigma in the existing workforce
- 2- Support existing staff and consumers to help consumers be successful in the workforce
- 3- Increase appreciation among existing staff for more consumer/family involvement in the workforce
- 4- Provide staff support (e.g. training, mentors, child care, flexible schedules, job shares, etc.)
- 5- Provide specialized training and certification programs

Staff Development/Training

- 1- Develop clinical skills in best practices (e.g. motivational interviewing, etc.)
- 2- Train in Recovery principles and practices

- | |
|---|
| <ul style="list-style-type: none">3- Continue developing co-occurring competency4- Training with and for community partners (e.g. law enforcement, etc.) |
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EXHIBIT 4: WORK DETAIL

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title: Workforce Education and Training (W.E.T.) Coordination and Implementation

Description: Using early implementation dollars a WET Coordinator was hired in October 2007. The WET Coordinator has responsibility for coordination of all aspects of the planning and implementation phases. Accountability for ongoing key processes includes attendance at local and statewide stakeholder processes, participation in regional meetings and statewide training, coordination of all tasks related to successful development of WET Five-year Plan and timely submission to DMH. An important leadership role for the WET Coordinator will be initiation and maintenance of significant outreach and collaboration to continue to engage diverse communities in planning, implementation and evaluation of the plan.

Objectives:

- 1- Establish WET Stakeholder Input Process
- 2- Submit WET Five-Year Expenditure Plan
- 3- Implement WET Plan
- 4- Evaluate WET Plan Implementation and Effectiveness
- 5- Submit periodic progress reports, required by California Department of Mental Health (MDH) and Adult System of Care Director
- 6- Work in collaboration with Placer Personnel to review and revise existing job descriptions including minimum qualifications to reduce barriers to hiring consumers, family members including those from diverse communities.
- 7- Coordination of training events for public mental health system and community partners.
- 8- Completion and monitoring of contracts with entities providing workforce education and training programs and services.
- 9- Participation in and support of regional and state education and training efforts to ensure coordination and reduce duplication of services.
- 10-Develop and implement feasibility studies, local and on-line training opportunities, including certificate programs for mental health professionals, clients and families and other critical staff.
- 11-Provide trainings to clients/family members for skill development in areas such as social rehabilitation and wellness recovery, record keeping, data management, and/or peer counseling.
- 12- Provide trainings for supervisors of client/family member employees (e.g. cover benefits counseling, negotiation of reasonable accommodations, supporting clients/family members, and other recovery oriented material).
- 13-Assist in development/implementation of courses at the community college level that would be appropriate for skill development/education in support of MHSA.

Budget justification: Salary and benefits for

- **Fiscal Year 07-08 was the use of early implementation funds (\$89,200) to hire a coordinator and clerical support to complete the needs assessment and write the five-year expenditure plan.**
- **1.0 Coordinator to oversee the Workforce Education and Training program (with benefits) at \$125,332 year,**
- **.5 FTE WET clerical support (with benefits) at \$30,093 per year**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ 89,200 _____	FY 2008-09: \$ 155,425 _____
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B. TRAINING AND TECHNICAL ASSISTANCE

Action #2 – Title: Consumer and Staff Development

Description: This action will directly reflect the training/technical assistance needs identified by staff, community partners, and consumers/family members who participated in the stakeholder process. All training will be made available to Placer County System's of Care, consumers/family members, mental health/drug and alcohol community partners who have frequent contact with mental health consumers/staff. While not all training providers have been identified for the specific training topics, it will be the responsibility of the local WET coordinator and workgroup to identify, organize, and evaluate each training. Training will be phased over a 5 year period and will include ongoing consultation to insure that training concepts are incorporated into practice. All training providers will be knowledgeable of the fundamental principals of MHSA and will integrate them throughout the training.

Initial training topics identified through the survey process are: Clinical skills in best practices (e.g. motivational interviewing, welcoming), Recovery/Wellness training, co-occurring competency, suicide assessment/treatment, Listening Well, and Cultural Competence. Training around consumer employment for both consumers and other employees (e.g. benefits of employment, reduce stigma, dual relationships, etc.) was also identified, some of this need will be met with Action #5.

Objectives:

- 1- The WET subcommittee will identify effective evidenced-based models for each topic area and determine trainers and most cost effective manner to provide these trainings
- 2- Provide annual trainings and ongoing consultations to develop staff competencies in above mentioned areas
- 3- Incorporate into each of these trainings, specific cultural, gender, economic and spiritual issues which need to be addressed to better serve the diverse minority population of our County.
- 4- Incorporate the client and family voice into trainings to expand beyond the clinical perspective of the trainee (e.g. Listening Well being led by Placer consumer's who have been trained to train consumer/family members and staff).
- 5- Provide trainings/ technical assistance with diversified methods (e.g. interactive, classroom style, group learning, etc.)

Budget justification:

- **Training and technical assistance for Public and Private mental health staff for \$6,000 (including space, materials, trainer and/or consultant fees) in FY 08-09.** **FY '09/10 – 2012/13, Placer will budget for \$18,000 per year for trainings/consultation.
- **2 consumers will receive certification to be a trainer in "Listening Well" and deliver training to consumer/family members and staff at \$5,000 per year.**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ 11,000 _____
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EXHIBIT 4: WORK DETAIL

B. TRAINING AND TECHNICAL ASSISTANCE -- *Continued*

Action #3 – Title: Leadership Development

Description: Through the stakeholder process it was determined that finding mental health leadership among staff is difficult (particularly consumers/family members, ethnically diverse, licensed staff, and other hard to fill positions). Development of a leadership academy for public and private mental health staff (and potential staff) would help develop mental health leadership in Placer. By joining with leaders from the community, leadership skills are developed in an environment of diversity and collaboration. This consortium of mental health staff will receive additional training, support, mentorship opportunities, and develop a speaker's bureau. Stipends will be developed to encourage participation and quality trainings between local organizations.

Objectives:

1. Establish a leadership academy of 10-20 mental health staff.
2. Bring in trainings and/or consultants who will train staff in recovery oriented leadership skills including: meeting facilitation, community outreach, professional presentations, technical writing, team motivation, etc.
3. Develop a mental health speaker's bureau who train/speak about MHSA core values to partner agencies, in classroom settings, or other community venues.
4. Provide 5 stipends at \$500 each to members who provide relevant recovery oriented trainings to partner's agencies (as determined eligible by WET workgroup). *To be funded in Action 9.

Budget justification:

- **FY 08-09 2 training/consultant visits at \$2,000 per day.** *FY '09/10 – 2012/13, Placer will budget \$8,000 for training/consultant fees annually.
- Objectives 1 and 3, outreach to form group and speaker's bureau will be performed by the Coordinator and are funded within Action 1.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>4,000</u>

Action #4 – Title: E-Learning Contract

Description: E-Learning will be an invaluable resource that will allow us to develop, deliver and manage educational opportunities and distance learning for staff, consumers/family members, and community based organizations. Funding will be used for access to the course catalog and to customize courses to meet the specific, diverse needs of our community.

Objectives:

1. Provide greater ease for staff, community providers, consumers and family members to access training and educational courses which meet license requirements and/or provide career path development, as well as rehabilitation and consumer employment courses.
2. Explore providing a community access portal for consumers and family members and key stakeholders to meet their training and information needs.
3. Increase quality and availability of diverse training offerings while reducing cost.
4. Provide compliance and quality control for legal requirements by linking to the County's existing education and licensing tracking system.

Budget justification:

- Dollars used in this action item will pay for the on-going cost of course catalog for Mental Health Employees.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>3,600</u> _____
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EXHIBIT 4: WORK DETAIL

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #5 – Title: Psychosocial Rehabilitation Certification Program

Description: To address identified shortages in occupations, skills sets, and individuals with unique cultural and linguistic competence at Placer County Mental Health and organizations providing services in the Public Mental Health System. The program will be designed to market and outreach to consumers, family members, individuals from underrepresented racial/ethnic and cultural groups, community mental health providers, and Mental Health staff. MHSA funded staff would include trainers, employment service personnel and staff time in public mental health settings to provide supervision of work experience. The program will be a combination of curriculum based on principles of psychosocial rehabilitation and work experience. The curriculum will meet criteria to be considered for and could lead to a certification as a psychosocial rehabilitation professional.

Objectives:

1. Purchase a Psychosocial Rehabilitation Curriculum (e.g. CASRA, META) along with necessary call-specific resource materials to provide training.
2. Train Placer County Staff to “train the trainer” to teach course curriculum to current/potential mental health staff (including consumers/family members).
3. Research and outreach to local Community colleges to explore offering the recovery oriented mental health courses as a class for credit.
4. Pursue stipends/scholarships toward USPRA certification and class enrollment if outreach to Community colleges is successful.

Budget justification:

- **Dollars used in this action item covers the cost of the Psychosocial Rehabilitation Curriculum and train the trainer package for at least 2 employees.**
- Other costs such as: Consultation with public mental health agency and with Placer’s local Community college to design the course for credit, teacher/trainer, facility, and costs for USPRA certification will be designed and implemented beyond the timeframe of this 3-year budget.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>15,000</u>
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EXHIBIT 4: WORK DETAIL –

C. MENTAL HEALTH CAREER PATHWAY PROGRAMS -- *Continued*

Action #6 – Title: Outreach and Enhanced High School Career Tracts

Description: To conduct a collaborative planning process between mental health providers and educational entities to develop curriculum that leads to entry into relevant post-secondary education. Special effort would be made to involve youth from diverse ethnic communities. Outreach efforts will be conducted by culturally diverse volunteers. A track or class in high school and/or junior high would offer an introduction to mental health careers to interested students.

This Action would include the exploration of developing curriculum in partnership with educational entities, and supervised exposure to Public Mental health occupations offered to Junior and Senior High School students. Components of this action will include integrating recovery oriented mental health/ co-occurring curriculum, offering paid student internships, developing a speaker's bureau, and outreach at community events. Educational entities will be key partners in the development and implementation of this Action. This activity will be coordinated and partially delivered by the Workforce Development Coordinator and community volunteers.

Objectives:

1. Develop a contract with at least 1 school district with the outcome of starting a Mental Health Professions Academy or similar program by September 2009.
2. Conduct a minimum of 4 speaking engagements annually. Target health care professionals, youth, consumers and their families from and within diverse communities.
3. Attend Job Fairs and develop new ways of recruiting for hard to fill positions (e.g. utilize Nursing employees to help with recruitment, etc.)
4. Provide 2 paid internships for high school students annually
5. Provide opportunities for high school age volunteers within the public mental health system.

Budget justification:

- **Outreach and curriculum materials for HS career tracts**
- Objective 4, two paid internships for HS student is funded in Action 9.
- Objectives 2-3 and 5 will be performed by the Coordinator and are funded within Action 1.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>1,000</u> _____
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Action #7 – Title: Increased Retention Efforts

Description: The stakeholder process identified the need to increase retention efforts of mental health employees. Also identified was the need to create and implement strategies aimed at supporting new hires (particularly culturally diverse and consumer/family member employees). Strategies to encourage strengths of new hires and support their unique contributions to the organization will be developed and implemented. Decreasing stigma and increasing cultural competence creates a welcoming environment where people feel free to share and develop their strengths which in turn can be used to help consumers.

Objectives:

1. Newsletters for county employees and make contributions to Placer's community newsletter (Campaign for Community Wellness).
2. Develop appreciation strategies to create welcoming and appreciative organizational cultures.
3. Further collaboration with community partners
4. Develop and implement a recovery oriented new employee orientation
5. Support cultural differences and stories to help decrease stigma
6. Develop new and innovative strategies to decrease stigma and increase cultural competence in the workforce

Budget justification:

- **Materials/supplies needed to implement objectives (e.g. new employee orientation binders).**
- **Hire consultant to develop ideas/suggestions for objectives 2-6.**
- Objectives 1-6 will be performed by the Coordinator and funded within Action 1.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>3,000</u> _____
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #8 – Title: Internship Programs

Description: Funding will be used to aide (current, recent, and prospective) students to gain experience/knowledge in working for the Public Mental Health System within a recovery model approach. The following categories will be considered to expand Placer's internship programs: 1- Master's level interns (students and post graduate) will be offered supervision and stipends (particularly bi-lingual/bi-cultural). 2- Consumers/family member interns who want practical experience to pursue a mental health career will be offered 1:1 support for working within the mental health system and stipends. 3- Medical field interns (e.g. Nursing/psychiatric technicians) will be offered stipends.

Objectives:

- Expand internships to consumer/family members, the medical field, as well as diverse master's level interns who meet Placer's identified needs.
- Provide recovery oriented supervision (meeting necessary requirements for individualized intern).
- Provide (if possible) needed interns to target areas specified in needs assessment (e.g. bi-lingual/bi-cultural in Tahoe and/or Lincoln).
- Expand internships on the career ladder to include non-master's level students/potential students and provide supervision and support.

Budget justification:

- **Appropriate supervisor(s) will be contracted with to provide necessary supervision/support to new interns.**
- Stipends will be funded through Action #9

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>35,000</u>
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EXHIBIT 4: WORK DETAIL

E. FINANCIAL INCENTIVE PROGRAMS

Action #9 – Title: Stipends and/or Scholarships and Grants

Description: This action addressed the Mental health workforce shortages and diversity needs, as well as increasing consumer and family member participation in the workplace by offering stipends and incentives to those individuals interested in pursuing education in delivering mental health care in Placer County. Through the Workforce Needs Assessment and Stakeholder process, it was determined that Placer County is in need of licensed social workers, certified/trained para-professional direct service staff and diverse staff who are bi-cultural/bi-lingual. There is a critical need for Psychiatric Nurses and Psychiatrists. In addition, there is an identified need for mental health trained supervisors and managers.

Provide stipends/incentives to consumers and family members to provide a way to transition into a career pathway. Provide stipends/incentives to diverse staff; including nurses/psychiatrists to attract employees into the mental health field.

Objectives:

1. Provide stipends/and or scholarships each year to individuals wishing to pursue higher education / career pathway opportunities in Mental Health Service.
2. Establish an application process that would determine eligible individuals for a stipend or scholarship.
3. Establish a process with key stakeholders for reviewing applications and recommendations for stipends, scholarships or grants.
4. Provide accountability and support to the individuals approved to receive stipends, scholarships, or grants.
5. Allocate funds for Speaker's Bureau participants.
6. Allocate funds for consumers and family members to attend relevant trainings, classes, or conferences each year. *beginning FY 2010-11
7. Allocate stipends for 5 new interns as outlined in Action 8 *beginning FY 2010-11.
8. Allocate stipends for 2 HS student interns *beginning FY 2010-11

Budget justification:

- Funds will be set aside for stipends, scholarships, and grants. In FY 08-09 5 speaker's bureau participants at \$500 per approved speaking engagement.
- Other identified stipends/incentive programs identified will begin in FY 2009-10. Placer will budget \$32,000 a year in this category.

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ <u>2,500</u> _____
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EXHIBIT 5: ACTION MATRIX

Please list the titles of *ACTIONS* described in Exhibit 4, and check the appropriate boxes (►) that apply.

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #_1_: Coordination/Implementation	X	X	X	X	X	X	X	X	X	X	X	X	X
Action #_2_: Consumer & Staff Development	X	X	X	X	X			X		X	X		
Action #_3_: Leadership Development	X	X	X	X	X		X	X			X	X	X
Action #_4_: E-Learning Contract	X	X	X	X	X			X		X	X	X	X
Action #_5_: Psychosocial Rehabilitation Certification Program	X	X	X	X			X	X	X			X	X
Action #_6_: Outreach and Career Academies	X	X	X	X	X		X		X			X	
Action #_7_: Increased Retention Efforts	X	X	X	X	X		X		X			X	X
Action #_8_: Internship Programs	X	X	X	X	X	X	X	X	X			X	X
Action #_9_: Stipends/Scholarships/Grants	X	X	X	X	X		X	X	X			X	X

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			

Fiscal Year: 2007-08			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:	\$89,200		\$89,200
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			\$89,200

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:		\$155,425.00	\$155,425.00
B. Training and Technical Assistance		\$34,600.00	\$34,600.00
C. Mental Health Career Pathway Programs		\$14,000.00	\$14,000.00
D. Residency, Internship Programs		\$25,000.00	\$25,000.00
E. Financial Incentive Programs		\$2,500.00	\$2,500.00
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$220,525.00